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CONFIRMATION NO. 3915

<b>SERIAL NUMBER</b> 10/776,383	<b>FILING OR 371(c) DATE</b> 02/11/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> MOUSA-6043
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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

METHOD FOR TREATING OCCLUSIVE VASCULAR DISEASES &amp; WOUND HEALING

<b>FILING FEE RECEIVED</b> 527	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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